

APPLICATION FORMAT

Advertisement No.....

Application for the post of, Dental Institute at Rajendra Institute of Medical Sciences, Ranchi-09.

1. APPLICANT'S NAME (In block letters) :-----
2. FATHER'S/HUSBAND'S NAME (In block letters):------
3. DATE OF BIRTH :-----
4. AGE ON (--/--/15) :----- SEX ----- NATIONALITY -----
7. RELIGION : ----- CATEGORY (Write whether Category out of Gen/ST/SC/BC-I/BC-II)-----
9. ADDRESS (Including Pin Code No., Mobile No. & Email)

i. CORRESPONDENCE: -----

ii. PERMANENT :-----

10. EDUCATIONAL QUALIFICATIONS (Starting from matriculation) :

S.No.	Examination (s) passed	Subject	College/ Institute	Board/University	Yr. of Passing with marks(%)	No. of attempts

11. TEACHING EXPERIENCES/EXPERIENCE:

S.No.	College/Institute/Department	Post held	From	To	Total duration

12. NO. OF PAPERS PUBLISHED: STATE ----- NATIONAL ----- INTERNATIONAL -----

13. Regn. No.(Only for faculty & Tutor): DCI (Attached proof):: -----

14. DETAILS OF APPLICATION FEE: Bank Name & Branch ----- D.D. No. with Date----- Amount -----

15. LIST OF SELF ATTESTED COPIES OF TESTIMONIALS WITH PAGE NO OF ENCLOSURES: -----

16. DECLARATION:

I,.....do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, I hereby convey my consent for cancellation of my candidature.

Place:

Date:

Signature of the Candidate


Director, 11/4/22

Rajendra Institute of Medical Sciences, Ranchi.